

BREVARD COUNTY
LICENSING REGULATION & ENFORCEMENT
2725 Judge Fran Jamieson Way, Bldg A, 105
Viera, FL 32940
(321) 633-2058 Fax (321) 690-6878

MASTER/JOURNEYMAN RECIPROCITY APPLICATION AND FEES

APPLICATION FEES ARE NON-REFUNDABLE

Date _____

Attach
Recent
Photo

Application Fees (check one):

JOURNEYMAN

AIR CONDITIONING\$25.00 ()
ELECTRICIAN\$25.00 ()
PLUMBER\$25.00 ()
ROOFER\$25.00 ()
SHEETMETAL.....\$25.00 ()

MASTER

ELECTRICIAN\$115.00 ()
PLUMBER.....\$115.00 ()

Application Fee: _____** Certification Fee: _____**

Make Checks Payable to Brevard County BOCC

Journeyman Certification Fee: \$50.00

The Certification Fee is for the Competency Card and is prorated throughout the year. The Competency Card expires every August 31st. The prorated fees are:

August – November	100% of Certification Fee
December – April	75% of Certification Fee
May – July	50% of Certification Fee

Master Certification Fee: \$75.00

The Certification Fee is for the Competency Card and is prorated throughout the year. The Competency Card expires every August 31st. The prorated fees are:

August – November	100% of Certification Fee
December – April	75% of Certification Fee
May – July	50% of Certification Fee

The following document must be submitted with application:

1. Application & Certification fees as indicated above
2. Copy of driver's license
3. Copy of current Competency Card
4. Sponsoring County must state in their reciprocity letter they will reciprocate with Brevard County in the same trade.
5. Signed Social Security Number Disclaimer

1. Name: _____
Last First Middle

2. Address: _____
Number Street

City State Zip Date of Birth _____

3. Home Phone No. (____) _____ Daytime Phone No (____) _____

4. Fax No. (____) _____

Reciprocity Application

5. U.S. Citizen? YES ☐ NO ☐

6. Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

EXPERIENCE INFORMATION – TO BE COMPLETED BY THE APPLICANT

Present Employer: _____ Telephone: _____

Address: _____

Position Held: _____ Length of Employment: _____

✓ Name and Address of Previous Employer

Dates of Employment: _____ Position _____

✓ Name and Address of Previous Employer

Dates of Employment: _____ Position _____

Total years as Helper: _____ Total years as licensed Journeyman: _____

Reciprocity Application

SCHOOLING – Provide copies of certificates/diplomas/transcripts

High School _____ No. Yrs attended _____

College _____ No. Yrs attended _____

Apprenticeship School _____ No. Yrs attended _____

I, _____, certify that this information is true and correct to the best of my knowledge and that any willful falsification of any information contained herein is grounds for disqualification.

Signature of Applicant

Date

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20____,

by _____,

Signature of Notary

(Notary Seal)

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____

OFFICE USE ONLY

Reciprocity From: _____

Date Certification Issued: _____

Cap ID/COC #	App Fee paid \$	Date paid:	CLB Date:	Processed by:
	Cert Fee paid \$	Date paid:		

SOCIAL SECURITY NUMBER DISCLAIMER

** "Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9); 409,2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupations license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welform Reform Act), 104 Pub.L. 193, Sec.317."

You must print your name, Social Security Number, date and sign that you have read the disclaimer above:

(Print Name)

(Social Security Number)

(Sign) Date _____

Please cut along dotted line and keep bottom portion of the disclaimer for your records

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